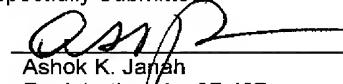


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Han et al.	Group No: 1775
Application No: 10/824,123	Examiner: Michael E. La Villa
Confirmation No: 6448	Attorney Docket No: 003330 P01 USA/ETCH/METAL/MDD
Filed: April 13, 2004	Tuesday, July 10, 2007 San Francisco, CA 94107
Title: PROCESS CHAMBER COMPONENT HAVING ELECTROPLATED YTTRIUM-CONTAINING COATING	

Commissioner for Patents VIA ELECTRONIC FILING	Extension of Time				
<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136					
Papers Enclosed <input checked="" type="checkbox"/> Amendment in Response to Final Office Action <input type="checkbox"/> Declaration <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee			
				Large Entity	Small Entity
		<input checked="" type="checkbox"/> One Month \$120.00 \$60.00			
		<input type="checkbox"/> Two Months \$450.00 \$225.00 <input type="checkbox"/> Three Months \$1,020.00 \$510.00			
Total \$ 120.00					
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.					

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	31	27	4	\$50.00	\$25.00	\$200.00
Independent Claims	5	4	1	\$200.00	\$100.00	\$200.00
Multiple Dependent Claims			0	\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
						Total \$400.00

Fee Payment		Fee Deficiency
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Fees for Extra Claims	\$400.00	
Total	\$520.00	
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$520.00</u> .		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107
		Respectfully Submitted By:  Ashok K. Janah Registration No. 37,487
		Date: <u>July 10, 2007</u>